

07-06-05

RCE
+ JTW

PTO/SB/30 (10/01)

Approved for use through 10/31/2002. OMB 0651-0031

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provided for continued examination of a utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/647,265
Filing Date	11/09/2000
First Named Inventor	TOBY WALKER
Group Art Unit	2613
Examiner Name	Tung T. Vo
Attorney Docket Number	450101-02303

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under CFR 1.114.

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
(Any unentered amendment(s) referred to above will be entered)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)
- b. ☐ Other _____

3. Fees

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to
Deposit Account No. 50-0320.
- b. ☒ Check in the amount of \$790.00 is enclosed for the following:
- i. ☒ RCE fee required under 37 CFR 1.17(e) | 07/07/2005 CCHAU1 00000077 09647265
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17) | 01 FC:1801 790.00 0P
- iii. ☐ Other _____
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Thomas F. Presson	Registration No. (Attorney/Agent)	41,442
Signature	<i>Thomas F. Presson</i>	Date	July 5, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to: **Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

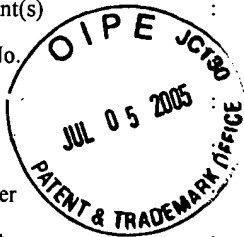
Name (Print/Type)		Barnet Shindlerman	
Signature		Date:	July 5, 2005
"Express Mail" mailing label number: EV 723370326 US			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Toby Walker, et al.
Serial No. : 09/647,265
Filed : November 9, 2000
For : DATA DESCRIBING METHOD AND DATA PROCESSOR
Examiner : Vo, Tung T.
Art Unit : 2613



745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	14	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** =3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bernt Shindler
(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

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